

Editorial**Publish or (flourish?) perish****Colleagues**

The Fiji Medical Journal's first issue of the year is in your hands. After a hiatus of nearly three years, the Journal has been revived thanks to the efforts of Dr. Ganesh Chand, the Vice Chancellor of the Fiji National University (FNU). Through the active support and cooperation of Dr. James Fong, President of the Fiji Medical Association (FMA), the Journal is now jointly published by FMA and FNU.

Much like the history of medical education in Fiji, the history of medical publication in Fiji also reaches a long way back. One of the earliest available copies of the Journal is the 1949 issue of the Journal of Assistant Medical Practitioners, which actually replaced the then existing journal of native medical practitioners! 1. The first recorded issue of the Fiji Medical Journal came out in 1961.2. Just like the Fiji School of Medicine, the journal also changed hands and names through its journey, and for some time, was published as the Fiji School of Medicine Journal.3. All these publications were initiated by locally trained practitioners, when these journals were little more than a few pages of hand typed, cyclostyled and stapled brown paper sheets.

Despite this goodwill, throughout its history, the Fiji Medical Journal has faced the perennial challenge of a lack of articles from its readership. Time has moved on, the Journal's readership has grown, as have academia and research in the country, but this lack of interest among its readers to publish, has remained a serious hindrance to the Journal's publication. This attitude is likely to prevail until incentives, as well as a requirement to publish, are put in place. The focus of this first issue of 2013 reflects the greatest health challenge faced by the country and the region, and indeed by the world. The scourge of diabetes, causing havoc on the state of human health, has caught the attention of researchers and clinicians alike. As different regions of the world face this challenge in their own settings, some peculiarities of disease behavior are slowly coming into full view. Some of these peculiarities include drastic weight loss and the starving of self.

On the positive side of things, efforts towards reducing or even eliminating diabetes, such as lifestyle changes and the drive to engage in some kind of daily physical activity, are all producing more pronounced results. In a recent paper based on an Adventist health study, the authors have reported

the benefits of a vegetarian diet in reducing mortality due to cardiovascular, and endocrine (including diabetes) causes.4

In India, where the population is largely vegetarian, while the incidence of diabetes is on the rise, the complications related to its poor management such as End Stage Kidney Disease (ESKD) and amputations are seen in much smaller numbers, perhaps reflecting a benefit similar to the findings of the Adventist study.

Diabetes is truly a global phenomenon with the rise in its incidence in every socio-economic group of practically every country in the world, albeit at variable rates. And the costs related to its management are simply shocking. A United Kingdom diabetes group estimates that for Great Britain, the NHS spends over 25 million GB pounds per day on diabetes care.5

Two studies conducted recently in Fiji on this subject, are published in this issue. The first one analyses the reported barriers to self-care and adequate management of diabetes among patients at the sub-divisional hospital of Sigatoka. The other paper by an academic of the Umanand Prasad School of Medicine in Lautoka reports the level of awareness about diabetes among school teachers, and their potential role in diabetes prevention education. These articles bring home two significant points: research is not complete unless it is shared through publication, and, that important research can be conducted in any setting, even with very limited resources.

Another equally important health issue – HIV - is again in focus. We publish a case report in this issue, on plasmablastic lymphoma, an unusual cancer due to HIV infection. Another interesting report of a case of Hypereosinophilic Syndrome is also published in this issue.

Fiji recently witnessed the loss of a clinician who through his personal motivation and resources initiated medical education training at a private institution in the country. The sudden passing away of Dr. Umanand Prasad, founding Dean of the School of Medicine named after him, left his students, friends and colleagues in a state of shock and disbelief. A tribute to his contribution to the cause of medical training in Fiji, has been written by Mrs. Alka Sewram, an academic of the Umanand Prasad School of Medicine.

Operational research, a long-established tool in western countries, and which makes use of available

data in formulating policies to address health challenges, is being introduced in Fiji and in the Pacific through a Fiji National University initiative with its partners. A commentary on this concept is included in this issue.

On a less academic note, there is a review of the book on activism by Darlene Keju, a woman survivor of nuclear testing on Marshall Islands atoll. The book, titled 'Don't ever Whisper', has been reviewed by Francis X. Hezel.

Until the next issue, and in the hope of the receiving more articles for publication.

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References

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